

High Level Taskforce on Mental Health and Addiction Challenges of persons interacting with the Criminal Justice System

Plenary Group Meeting

Friday 25 June, 2021 via videoconference

Minute

Attendees:

- Kathleen Lynch: Chair - former Minister of State for Primary Care, Mental Health and Disability
- Ben Ryan; Assistant Secretary, Dept. of Justice, Head of Criminal Justice Policy
- Deborah White; Principal Officer, Dept. of Justice, Penal and Policing Policy
- Colm Desmond; Assistant Secretary, Dept. of Health, Corporate Legislation, Mental Health, Drugs Policy and Food Safety Division
- Michael Murchan; Assistant Principal Officer, Dept. of Health, Mental Health Unit
- Prof. Harry Kennedy; Executive Clinical Director, Central Mental Hospital
- Dr Eamon Keenan; National Clinical Lead-Addiction Services, HSE
- Jim Ryan; Head of Operations for Mental Health Services, HSE
- Mark Wilson; Director, Probation Service
- John Devlin; Clinical Director, Irish Prison Service
- Enda Kelly; Chief Nursing Officer, Irish Prison Service
- Graham Hopkins; Dept. of Housing, Homelessness Policy, Funding and Delivery Section
- Tony O'Donovan; Principal Officer, DCEDIY, Child Welfare Advisor, Children Detention Unit
- Secretariat – John Dunphy, Yvonne Phillips and Kerrie Keegan, Dept. of Justice, Penal and Policing Policy

Apologies:

- Paula Hilman; Assistant Commissioner, an Garda Síochána
- Pat Bergin; Head of Service, Forensic Mental Health Service, HSE

Agenda:

1. Welcome from Chair
2. Minutes – 19th May Meeting
3. Operational Subgroup updates from Chairs
 - Terms of Reference
 - Membership
 - Work programme
 - Consultation
4. Work plan
5. AOB and Date of next meeting

Minutes:

1. **Welcome from the Chair**

1.1 Chair welcomed group and thanked everyone for their commitment and in maintaining the process.

2. Minutes – 19 May

2.1 The minutes of the previous meeting were approved.

3. Operational Subgroup Updates from Chairs

3.1 Subgroup 3:

3.1.1 Chair of Subgroup 3 Mark Wilson gave an update on the work completed to date. There has been two meetings held on 28 May and 11 June. The next meeting is scheduled for 2nd July

3.1.2 The Chair said that a new member would be joining the subgroup from the Probation Service. The new member has previous experience with the CMH, and will bring additional operational expertise.

3.1.3 A discussion was held on the ToR of SG3. It was said that the ToR of reference have been largely confirmed and the relevant IDG recommendations have been identified. It was agreed that the wording on the ToR would be examined to make clear that the scope of the work was mental health and addiction in connection with the criminal justice system.

3.1.4 It was said that SG 3 are examining potential risk factors, dual diagnosis and service delivery. It was noted that clarification is needed on roles and responsibilities of different stakeholders

3.1.5 It was noted that in developing its implementation plan there is a requirement to balance expectations - creating a world class service delivery option vs the current resourcing and model in place. There are discussions regarding measurement of performance and some research is required

3.1.6 It was noted that Dr. Damien Smith had been nominated to SG3 but does not appear to have been invited. The Secretariat took an action to issue an invitation and the subgroups papers to Dr Smith.

3.1.7 A discussion was had on the possibility of a that there would be a further nomination to this Subgroup, perhaps from the Violence Reduction Unit in the Midlands Prison.

3.1.8 It was noted that dual diagnosis should be a consideration of all subgroups. A discussion was held about the particular relevance of social care and primary care operational expertise for SG3. It was agreed that is important that GPs should be included in some manner.

3.1.9 It was agreed that there is need to identify the right people, and nominate them or invite experts to attend at meetings of the SG as required, this could be done on an ad-hoc basis.

3.2 Subgroup 2:

3.2.1 Chair of Subgroup 2 John Devlin provided an update on the establishment and work to date of SG2. Two meetings of SG2 have been held, 02 June and 22 June. The terms of references are agreed. The relevant IDG recommendations have been identified

3.2.2 It was noted that the membership can be added to if and when required.

3.2.3 It was noted that the subgroup is working to establish a joint understanding of the 'as is' situation and models of care, so as to inform the groups examination of capacity issues and any legislative changes etc. that may emerge as requirements. The subgroup are examining service users and their need as well as blockages within the system and how to unlock these.

3.2.4 A discussion was held on capacity, including the role the new Portrane facility will play. It was agreed that this facility is not going to be a panacea for capacity issues, and there is

a requirement that capacity be future proofed, without which the new facility will exhaust its capacity overtime.

- 3.2.5 The subgroup will also examine models of care and agree on a clinical pathways. A discussion was held on the need to provide long term, medium to high care capacity. It was said that the lack of this capacity is the main gap in current services.
- 3.2.6 The Chair noted the progress of the ongoing IPS Health Needs Assessment, and said that the organization undertaking this work have agreed to make a presentation to either the subgroup or the HLTF in plenary form.
- 3.2.7 It was noted that there are a cohort of individuals, who for safety reasons will not be able to be treated within the average timelines for care, and different options for care for this cohort.
- 3.2.8 It was said that the creation of a step down facility requires more discussion within the HSE, and with IPS. It was noted that the creation of such facilities could require significant capital investment.
- 3.2.9 It was agreed by the group that dual diagnosis would need to be considered Subgroup 2. The newly appointed National Clinical Lead for the HSE Clinical Programme in Dual Diagnosis will join this subgroup.
- 3.2.10 A discussion was held on the inclusion/exclusion of personality disorders from the ambit of mental health legislation. It was agreed that this matter will require further consideration.

3.3 **Subgroup 3:**

- 3.3.1 Chair of Subgroup 3 Chief Superintendent Roche provided an update on the establishment and work Subgroup 3 Diversion. One meeting has been held, on 16 June. The Terms of Reference for SG3 are still being considered. The Secretariat reminded members that written comments were requested by C.O.B 25 June, but that a brief extension to facilitate further obs would be provided.
- 3.3.2 The Group first met on 16th June and are still discussing ToR
- 3.3.3 The relevant IDG recommendations have been identified and it was agreed by the subgroup that the work will flow from the first IDG recommendation.
- 3.3.4 A discussion was held on existing diversion schemes. This included the Adult Caution Scheme, and the health diversion scheme, which relates to personal possession of drugs. It was agreed that there is a need for a clear understanding of who and what is to be diverted under a mental health and addiction diversion scheme. has yet to be decided about where to exactly divert people and what resources are needed
- 3.3.5 It was agreed that there a lot of overlaps and legal complexities involved in the various diversion schemes and that the group must carefully consider the interlinkages and alignment of these schemes.
- 3.3.6 A discussion was held on the definition of a 'minor offence'. It was said that there is no strict definition in Irish law of a minor offence, it was noted that a general rule that a minor offence are those that be can be tried summarily, at district court level, with a possible sentence of no more than 12 months imprisonment is often used.
- 3.3.7 It was agreed that it is important to keep separate the concept of minor offences, and minor mental health issues. It was noted that even individuals with serious mental health issues can be caught in the criminal justice system, particularly repeat offences.

4. **Consultation**

- 4.1 The HLTF chair opened a discussion on the required consultation. The Chair informed the members that it was envisaged that a consultation seminar inviting the required and relevant stakeholders would be held. It was noted that certain stakeholder organisations had been named in the Government's instructions as being relevant for consultation. Beyond the named stakeholders, there is no intention to be prescriptive.

- 4.2 The Secretariat noted that consultation with the Department of Justice's Transparency function will be required. The Chair requested the subgroup consider what stakeholders they feel consultation is required with and to provide these to the Secretariat.
- 4.3 It was agreed that it is important to avoid any duplication in consultation and coordination to avoid confusing or contradictory messages will be required.

5. Work Plan

- 5.1 A discussion was held on the work plan for the HLTF. It was noted that the HLTF is required to provide an interim report in Q3 and agreed that the work plan will target delivery of the interim report to the Ministers and Ministers of State by end September 2021.
- 5.2 It was agreed that the subgroups should provide their input to the interim report to the Secretariat by 08 September. It was agreed that a meeting of the HLTF plenary should be held on 23 or 24 September to review and agree the interim report.
- 5.3 It was agreed by the Group that the approach to the progress report is to detail the work in establishing HLTF, formulating subgroups and their work establishing and towards their ToR.

6. AOB and next date of Meeting:

- 6.1 A discussion was held on the need for a central repository for the documents and papers etc. generated/obtained by subgroups.
- 6.2 The Dept. of Health said that it was available to discuss matters, provide information as required and members should not be hesitant about reaching out.
- 6.3 It agreed that the next meeting of the HLTF plenary will be arranged for the week of 26 July.
- 6.4 The Secretariat to issue schedule and issue invites

Actions:

- Secretariat to issue papers and invitation to Dr Damien Smith in respect of SG3.
- SG3 members to provide obs (if any) on subgroup's ToR ASAP.
- Subgroups to consider additional stakeholders for consultation and provide to Secretariat. Secretariat to consult with Dept. Justice Transparency function on organising consultation seminar in early September.
- Secretariat to schedule and issue invitation for next HLTF plenary meeting for week of 26 July.
- Subgroups to provide draft interim reports to Secretariat by 08 September, meeting of HLTF plenary to review and agree interim report to be scheduled by Secretariat for 23/24 September. Provision of interim report to Ministers and Ministers of State by end September.